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Bib Data Sheet

CONFIRMATION NO. 1602

SERIAL NUMBER 09/955,407	FILING DATE 09/12/2001 RULE	CLASS 435	GROUP ART UNIT 1635	ATTORNEY DOCKET NO. P-PM 4953	
APPLICANTS Hugo R. Rosen, Tigard, OR;					
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 09/421,987 10/19/1999 ABN <i>OK CA</i>					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/27/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY OR	SHEETS DRAWING 2	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Signature <i>CA</i> Initials					
ADDRESS 23601					
TITLE Methods for identifying a preferred liver transplant donor					
FILING FEE RECEIVED 962	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		